

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

Rejected	N .....	Non-elected
Allowed	I .....	Interference
— (Through numeral) .....	Canceled	Appeal
— .....	Restricted	Objected

Claims	Final	Original	Date
1	✓	✓	10/18/02
2	✓	✓	12/16/02
3	✓	✓	09/03/03
4	✓	✓	03/19/04
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
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Claims	Final	Original	Date
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Claims	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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